## L15 000005461

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(De	ocument Number)	<del></del>
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		





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2019: 17-2 PH 1:22

## COVER LETTER •

TO: Registration Section Division of Corporations		
SUBJECT: NPOWER LLC		
(Name of Limite	ed Liability C	ompany)
The enclosed member, resignation or dissociat	tion and fee	(s) are submitted for filing.
Please return all correspondence concerning th	is matter to	):
Michael Anderson		
(Contact Person)		_ <del>_</del>
NPOWER LLC		
(Firm/Company)		
4304 N 30TH ST		
(Address)		_
Tampa, Florida 33610		
(City/State and Zip Code)		_
For further information concerning this matter	, please call	:
Michael Anderson	813	735-3067
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Department  OWER LLC
2. The Florida doc	cument/registration number assigned to this limited liability company is:
L1500	0005461
4. I, Michael And	derson hereby withdraw/resign as a Name of Person Resigning). hereby withdraw/resign as a
Owner/Meml	per
	(Print Title)
of this limited lic resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Michel an	issociating Member or Resigning Manager
/ Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)